

REQUIRED READING ABSTRACT

Administrative Support Certification Program and Mississippi Certified Public Manager Program

****Note Please type information. Hand-written forms will not be accepted.****

Name: (last, first, middle initial)

MELMS Identification Number:

Organization/Division:

Work Telephone Number:

Address:

Email:

I Have Read The Book Mentioned Below And Wish to Submit it For a Required Reading Credit For:

ASCP LEVEL III _____

CSM LEVELS I-III _____

CPM LEVELS IV-VI _____

I. Title of Book (**Note ASCP Participants:** Book must be from the approved ASCP Program Reading List.)

(**Note CPM Participants:** Book must be from approved CPM Program Reading List.)

II. Author _____

III. Please summarize major points in book. (This should be a BRIEF NARRATIVE OVERVIEW.)

L Complete Section IV on the reverse side of this page,
sign/date form, and return for processing.

- IV. Please indicate how you can apply information/principles from this book to your work setting.

Signature

Date

ASCP/CPM Coordinator Approval

Date

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Robert G. Clark, Jr. Building, Suite 203
301 North Lamar Street
Jackson, MS 39201 or HANDMAIL

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